

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 391/55Registered No. 391

## 1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City Miami No. 208 Warrior Canyon St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

## 2. Full name of child

Arthur Bennett Rinebold

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.male

## 4. Twin, triplet or other.....

5. No., in order of birth.....

## 6. Legitimate?

yes

## 7. Date

of birth June 8 1930  
Month Day Year

## 8.

## FATHER

## Full name

Arthur Marvin Rinebold

## 9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

## 10. Color or race

White11. Age at last birthday 27 (Years)

## 12. Birthplace (city or place)

(State or country)

Sayre  
Pennsylvania

## 13. Occupation

Electrician

Nature of Industry

Copper mine

## 14.

## MOTHER

## Full maiden name

Helen Maude Bennett

## 15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

## 16. Color or race

White17. Age at last birthday 23 (Years)

## 18. Birthplace (city or place)

(State or country)

Sayre  
Pennsylvania

## 19. Occupation

Nature of Industry

Housewife20. Number of children of this mother 4(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 4(b) Born alive but now dead 0(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum?

yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was alive at 12:30 a.m. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

J. J. Miller

(Physician or midwife)

Given name added from  
a supplemental report.

Month, day, year

Address

Filed

June 15 1930

Registrar.

Registrar.

194-608-823